-Mail Add	dress (include city and zip code)		pool p	istrict (if applicable)
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_	propriate Box(es) CANDIDATE RAC BAG	POLPRIY INDEXP	AMENDED AN	INVAL FICING
_	Annual Filing - Due January 15, 2004 Period: January 1, 2003 – December 31, 2003	1	F	ILE
cumbents I others	s in an Office with a 6-year term Period: Dec. 20, 1 Period: Jan. 1, 20	01 — Aug 26, 2004 998 — Aug 26, 2004 04 – Aug. 26, 2004 002 – Aug 26, 2004	DEAT	0 1 2004 N HELLER ARY OF STATE
]	Report #2 Due — October 26, 2004 Period: Aug. 27, 2	004 — Oct. 21, 2004		FICE USE ONLY
] AGs only		004 — Dec. 31, 2004 004 - Dec. 5, 2004		
	Annual Filing – Due January 15, 2005 Period: January 1, 2004 – December 31, 2004 eport suffices for 2005 Annual Filing if candi	date also filed Report Nos.	. 1 and 2	
	CONTRIBUTIONS SUMMARY		This Paried **	Gundaive From Beginning of Report Paried (A) through End of This Reporting Paried
1.	Total Monetary Contributions Received in Excess of \$	3100	100.00	Annual Control of the
2.	Total Monetary Contributions Received of \$100 or Les	SS	245.00	245.00
4.	Total Amount of Monetary Contributions Received (Add Lines 1 and 2) Total Value of In Kind Contributions Received in Excess of \$100	ils Parlod Quinulative From Esginating of Especial Reporter to the Transfer of Especial Reporting Triskeporting Review	<u>345</u> .00	345.00
	·		_	
E -	Total Monetary Expenses Paid in Excess of \$100	ES SUMMARY	A I	Ø
6. T 7. T	Fotal Monetary Expenses Paid of \$100 or Less Fotal Amount of All Monetary Expenses Paid Add Lines 5 and 6) Fotal Value of In Kind Expenses in Excess of \$100	Ø	<u>\$</u> 	Ø
		FIRMATION		
eciare (Under Penalty of Perjury That the Foregoing is T	rue and Correct.		

Women's Campaign Fund
Name (print) Office (if applicable)

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 3 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH. CONTRIBUTION	Amount of Each Contribution	Greekhere IFLOAN
Linda L. Heptner 3719 Zast Chevokee Lue Las Veggs, NV 89121	3/11/04	100.00	
0 ,	3		

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Dec-03 PAGE____OF___

Women's Campaign Fund Name (print) Office (if applicable)

District (if applicable)

Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 9 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEMED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Piculius Page) NRS 294A-293	DATE OF BACH BAPENSE	ESTERATE STREET
			1. In a Continuo

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PAGE____OF___

IN KIND CAMPA	
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Report Period

When's Campaign Fund Office (if applicable)

District (if applicable)

IN KIND

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Value of All In-Kind Campaign Contributions to Line 8 of Contributions Summary

GONTRIEUTOR'S NAME AND ADDRESS	DANE OF EACH IN (XIV)D CONTRIBUTION	Description of Each Invand Conversation	VALUE OR COST OF EACH INHAID COMMENSIMEN	HERE
	<u>:</u>			
			,	

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PAGE____ _OF__ Name (print) Campaign Fund
Office (if applicable)

District (if applicable)

IN KIND

Expenses in Excess of \$100 Transfer Total Value of All In-Kind Campaign Expenses to Line 13 of Expenses Summary

NAMEAND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND COOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	TO ETAG. HOAS GUIN NI EXMETISE	VALUE OR COST OF EACH IN MIND EXPENSE

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Prescribed by Secretary of State NRS 294A.120, 294A.125, 294A.140, 294A.150, 294A.160 294A.200, 294A.210, 294A.220, 294A.362

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Revised: Dec-03 PAGE_

PAGE_____OF____